

PTO/SB/21 (09-04)

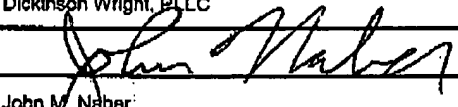
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| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/605,115 | RECEIVED CENTRAL FAX CENTER JUN 06 2005 |
| | Filing Date | September 9, 2003 | |
| | First Named Inventor | Bradley SEEKMAN et al | |
| | Art Unit | 3641 | |
| | Examiner Name | T. Chambers | |
| Total Number of Pages in This Submission | Attorney Docket Number | 28636-00002 | |

| ENCLOSURES (Check all that apply) | | |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---|----------|--------|
| Firm Name | Dickinson Wright, PLLC | | |
| Signature |  | | |
| Printed name | John M. Naber | | |
| Date | June 6, 2005 | Reg. No. | 46,487 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
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| Typed or printed name | John Naber | Date | 6-6-2005 |

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PTO/SB/82 (09-04)

Approved for use through 11/30/2005. OMB 0651-0035

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CHANGE OF CORRESPONDENCE ADDRESS**

| | |
|------------------------|------------------------|
| Application Number | 10/605,115 |
| Filing Date | September 9, 2003 |
| First Named Inventor | Bradley SEEKMAN et al. |
| Art Unit | 3841 |
| Examiner Name | T. Chambers |
| Attorney Docket Number | 28636-00002 |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 35161

☒ Please change the correspondence address for the above-identified application to:

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Bradley J. Seekman

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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